

## TACTICAL RESPONSE REPORT/Chicago Police Department

|  |   |   |  |  |   |   |   |  |  |  |                  |  |
|--|---|---|--|--|---|---|---|--|--|--|------------------|--|
| 1. DATE OF INCIDENT<br>07-JUN-2011   |   | TIME<br>01:48:00  |  | 2. ADDRESS OF OCCURRENCE<br>6226 S WOLCOTT AVE CHICAGO, IL 60636   |   | 3. LOCATION CODE<br>303   |   | 4. BEAT/OCCUR<br>0714  |  |  |                  |  |
| MEMBER INVOLVED  | 5. POSITION<br>9161   | 6. LAST NAME<br>SIERRA  | 7. FIRST NAME<br>GILDARDO  | 8. STAR NO<br>3656   | 9. SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F  | 10. RACE CODE<br>S  | 11. AGE<br>600  | 12. HT.<br>600   | 13. WT.<br>230   |  |                  |  |
|  | 14. DATE OF APPL.<br>30-SEP-2002  | 15. EMPLOYEE NO.  | 16. UNIT & BEAT OF ASSIGNMENT<br>007 0714R   | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   | 18. MEMBER INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   | 20. LAST NAME<br>FARMER   | 21. FIRST NAME<br>FLINT  | 22. M.I.<br>23. SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F  |  |                  |  |
| SUBJECT INFORMATION  | 24. RACE<br>BLK   |   | 25. D.O.B.   | 26. HT.<br>510   | 27. WT.<br>170  | 28. ADDRESS   |   |  |  |  |                  |  |
|  | 29. TELEPHONE NO.   |   | 30. WAS SUBJECT ARMED/OTHER (SPECIFY)<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |  | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   | 32. SUBJECT ALLEGED INJURY?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No                                |  |  |  |                  |  |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br>M. E. HINES #69   |   |   |  | 34. BY WHOM?<br>M. E. HINES #69  |   | 35. CONDITION<br><input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence<br><input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid |   | 36. CHARGES PLACED   |  |  |                  |  |
| 37. CB NO.   |   |   |  | 38. IR NO.   |   | 39. DNA   |   |  |  |  |                  |  |
| REASON FOR USE OF FORCE<br>(Check all that apply)  | PASSIVE RESISTER  |   | ACTIVE RESISTER  |  | ASSAULT/ASSAULT   |   | ASSAULT/BATTERY   |  | ASSAULT/DEADLY FORCE   |  |                  |  |
|  | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input type="checkbox"/><br>OTHER  |   | FLED <input checked="" type="checkbox"/><br>PULLED AWAY <input type="checkbox"/><br>OTHER  |  | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/><br>OTHER   |   | ATTACK WITH WEAPON <input checked="" type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER                       |  | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/><br>WEAPON <input type="checkbox"/><br>OTHER CHARGED POWITH APPARENT FIRE |  |                  |  |
| MEMBER'S RESPONSE  | MEMBER PRESENCE<br>VERBAL COMMANDS <input checked="" type="checkbox"/><br>ESCORT/HOLDS <input type="checkbox"/><br>WRISTLOCK <input type="checkbox"/><br>ARMBAR <input type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/><br>OTHER |   | OPEN HAND STRIKE<br>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/><br>OC CHEMICAL WEAPON <input type="checkbox"/><br>CANINE <input type="checkbox"/><br>TASER (Probe Discharge) <input type="checkbox"/><br>TASER (Contact/Slung) <input type="checkbox"/><br>TASER (Laser Targeted) <input type="checkbox"/><br>TASER (Spark Displayed) <input type="checkbox"/><br>OTHER |  | ELBOW STRIKE <input type="checkbox"/><br>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/><br>OTHER                  |   | KNEE STRIKE <input type="checkbox"/><br>KICKS <input type="checkbox"/><br>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> |  | FIREARM <input checked="" type="checkbox"/><br>OTHER   |  |                  |  |
|  | 40. ADDITIONAL INFORMATION  |   |  |  | 41. WEAPON TYPE<br><input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 OTHER |   |   |  | 42. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors   |  |                  |  |
| WEAPON DISCHARGE INCIDENT  | 43. LIGHTING CONDITIONS<br><input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial  |   | 44. WEATHER CONDITIONS<br>CLEAR  |  | 45. MAKE/MANUFACTURER<br>SIG S&W SWISS INDUSTRIAL GESELLSCHAFT  |   | 46. MODEL<br>P226   |  | 47. BARREL LENGTH<br>4.5   |  |                  |  |
|  | 48. CALIBER/GAUGE<br>9 MM   |   | 49. TASER DART ID NO.  |  | 50. WEAPON SERIAL NO. (Include Letters)<br>U863435  |   | 51. CHICAGO GUN REG. NO.<br>630546  |  | 52. IL FIREARM OWNER ID. NO.   |  |                  |  |
| 53. HANDGUN CERTIFICATE NO.  |   | 54. SPECIAL WEAPON CERTIFICATE NO.  |  | 55. PROPERTY INVENTORY NO.   |   | 56. TYPE OF AMMUNITION USED<br>Department Issued  |   | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER<br>1  |  | 58. TOTAL NO. OF SHOTS MEMBER FIRED<br>16                      |                  |  |
| 59. WHO FIRED FIRST SHOT<br><input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) |   | 60. WAS FIREARM RELOADED DURING INCIDENT<br><input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO |  | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED<br>15   |   | 62. HOW WAS MEMBER'S HANDGUN WORN<br><input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY)   |   | 63. HOW WAS MEMBER'S HANDGUN DRAWN<br><input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY)   |  | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD<br>TACTICAL RELOAD |                  |  |
| 65. DID MEMBER USE SIGHTS<br><input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO   |   | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br>NONE                               |  | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. |   | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON<br><input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN                     |   | 69. POSITION OF MEMBER DISCHARGING WEAPON<br><input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) |  | 70. EVENT NO.<br>1115801292                                    |                  |  |
| CASE INFO.   | 71. NOTIFICATIONS (OC OR TASER INCIDENT):<br><input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR.  |   | 72. NOTIFICATIONS (FIREARM INCIDENT):<br><input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.   |  | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.   |   | 73. REPORTING MEMBER (Print Name)<br>SIERRA, GILDARDO   |  | STAR/EMPLOYEE NO.<br>3656  |  | SIGNATURE        |  |
|  | 74. REVIEWING SUPERVISOR (Print Name)<br>KULBIDA, EDWARD J  |   | STAR NO.<br>100  |  | SIGNATURE   |   | DATE REVIEWED<br>07-JUN-2011 09:12:23   |  | TIME<br>07-JUN-2011 09:12:23   |  | HT33447011045950 |  |

CPD-11.377 (REV. 10/07)

Attachment # 7

# WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECTS STATEMENT REGARDING THE USE OF FORCE ☐ DNA ☐ REFUSED ☒ UNABLE TO INTERVIEW (Specify Reason)

Subject DOA

## 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the preliminary facts known at this time the Undersigned is requesting further investigation into this incident.

## 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1045950 OBTAINED

## 78. WATCH COMMANDER/OCIC (Print Name)

LODDING, HOWARD W

SIGNATURE

DATE COMPLETED TIME

07-JUN-2011 09:53:27

## 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

## ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT  
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1

LOG # 1045950  
Attachment # 7